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AUTHOR	Frenza, Mary
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ABSTRACT

This fact sheet discusses the role of the school counselor in interventions for school phobia, transient and latchkey children, and children from single parent families. (MCF)

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HIGHLIGHTS

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...An ERIC/CAPS Fact Sheet

Selected Issues in Elementary Guidance

Many of the problems which interfere with the elementary educational experience arise from difficulties outside the school. Some are the result of changes in the traditional family structure and function; i.e., increases in the number of working mothers with school-age children, in divorce/separation rates and the number of single-parent families, and in geographic mobility. Other problems may stem more specifically from ineffective parent-child relationships. Whatever the source, the elementary school counselor is in a unique position to help students, school personnel, families, and the community to work toward overcoming these difficulties.

School Phobia

School phobia is defined as absence from school because of emotional disturbance in the child. Family relationships are clearly involved, and the phobic reaction often stems from separation anxiety, based on exaggerated parent-child dependencies.

A range of disturbance is possible — from temporary, though often acute, anxiety to severe character disorders. The former usually is found in 5-9 year olds, exhibiting sudden onset with uncharacteristic, dramatic, and persistent clinging and misbehavior. For the latter, generally found in adolescence, a primary diagnosis of school phobia may be inappropriate since the phobic symptoms represent long-standing psychological disturbance and delayed age-appropriate development.

Diagnostic criteria for school phobia include: morbid fear of school; somatic complaints such as nausea, headaches, drowsiness; disruptive school behavior; and prolonged absence, where the child stays at home with the parents' knowledge and, to some extent, cooperation.

Interventions for School Phobia

The behavioral approach is the most practical way for the school counselor to be involved in treating school phobia, because it leaves the clinician, appropriately, with the responsibility for delving into the deeper causes of neurosis. In this approach, the phobia is treated as a learned fear, and the first job of the counselor is to determine what in the environment is maintaining that fear.

The behavioral intervention plan formulated for practicing mental health specialists by Blagg (1981) incorporates the following steps:

1. A detailed clarification of the problems, involving elimination of possible medical causes, and identification and investigation of precipitating and maintaining factors.
2. Desensitization of child and parent worries.
3. Elimination of maintaining factors through contingency management (parent education is important in this phase).
4. Return to full-time attendance even if it must be forced.
5. Follow-up to monitor subsequent absences.

Early diagnosis and prompt treatment are essential to overcoming school phobia. By working with the child, parents, and school personnel, the counselor can effect the environmental changes necessary to the management of school phobia. The behavioral approach expands the counselor's role to include crisis problems once handled entirely by clinicians outside the school setting.

Transient Children

Nearly 6 million children, aged 5-13, are involved each year in moving. For many of them it is not a new experience; research indicates that families who have moved several times are more likely to move again than families who have never moved.

Studies of the effects of geographic mobility on children's emotional and cognitive development have produced conflicting results. Suggested negative effects include disruption of language development and socialization, development of disbelief in oneself, lowered school achievement, lessened motivation and ambition, an increased likelihood of early school withdrawal, and poor reading achievement compared to peers.

Some data indicate that mobility heightens achievement differences that already exist, improving the test scores of intelligent children and depressing the scores of those with lower intelligence. On the positive side, there is evidence that young children benefit from moving by gaining self-reliance and adaptability.

Although the effects of geographic relocation are not clear, moving requires new students to face several difficulties: problems of integration because of delayed records; peer rejection until they win acceptance through a system they must first discover; adjustment to an unknown building, principal, and teacher; and adjustment to a different curriculum.

Interventions for Transient Children

How effectively young children cope with moving can be influenced by the assistance they receive. Counselors can work to develop a *systematic* program for dealing with new students. The following steps have been found to be successful:

1. A planned, prompt transfer of records, within and between school districts, to ensure continuity in the educational process.
2. An orientation program for all new students and their families (e.g., a tour of the school and an introduction to all school staff; a big brother or sister to assist each new student during the transition period; a bulletin to parents listing the new families, their addresses and the ages of their children; a Newcomers' Day early in the term with school-wide get-acquainted activities; a reception committee to meet new students, learn about them, and introduce them to the group).

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3. Guided discussion in the classroom, or in group counseling sessions, to help students acquire understanding and empathy for the difficulties new students encounter. Student-generated ideas for helping, growing out of such discussions, are more likely to be carried out.

An overall counseling/educational focus which emphasizes the development of self-knowledge, self-esteem, and self-direction as well as a positive attitude toward change will provide the support a child needs to face the experience of moving with flexibility and independence.

Latchkey Children

Latchkey children are those left in self-care or in the care of a sibling under 14 years of age for a significant portion of most days, usually 2-3 hours (sometimes longer). While the exact number is uncertain, a conservative estimate suggests that at least 25% (possibly 6 million) of school-age children with working parents are in self-care regularly.

Research on the effects of lack of supervision has produced inconclusive results. Unsupervised girls were found to have marked deficits in cognitive functioning and personality adjustment, while no differences were found between supervised and unsupervised children compared on sex-role concept measures, adjustment test scores, academic achievement, and intelligence scores.

Interviews with latchkey children, parents of latchkey children and former latchkey children from all socioeconomic groups have revealed a common set of concerns and experiences. For the children, there are unusually high levels of fear (of assault, noises, the dark, storms), and loneliness and boredom. These are related to the safety restrictions imposed by parents (e.g., going straight home from school, staying inside, having no friends over). Parents expressed feelings of guilt and concern for their children's safety.

Interventions for Latchkey Children

School counselors can help latchkey children, without being seen as judgmental of the parents or interfering in family arrangements. When possible, the counselor should identify students in self-care. Group and individual counseling can help them express and deal with their fears.

Survival skills training, including steps for dealing with emergencies, can be incorporated into the curriculum for children and offered as parent education programs. Numerous publications are available on this subject, some specifically for latchkey families. Basic child care/development instruction can be given to help older siblings left in charge.

On a broader scale, counselors can actively seek to bring about community and system changes that will alleviate the problems of latchkey children. Examples of existing programs include after-school care programs (not just more school), check-in programs, and after-school call-in lines to provide help in problem solving, emergency assistance, or simply listening and responding.

The Single-Parent Family

It has been estimated that by 1990, one half of all children will spend at least some time in a single-parent family. Research on children's adjustment to changes in family structures has shown the following to be influential: age at the time of change, quality of the relationship with one or both parents, the reasons a child attributes to one parent's absence, and the attitude of others toward the changed family structure.

For elementary school children, research has identified several possible changes in personality, behavior and academic performance: feelings of helplessness, fear of abandonment, and loneliness; increased attention-seeking behavior, aggressiveness, and rebellion; increased restlessness, daydreaming, and difficulties in concentration; and decreased cognitive functioning as measured by IQ, achievement and scholastic tests.

Interventions for Single-Parent Families

A review of current literature yields suggestions for ways in which counselors can help children, parents, and school systems deal with the problems facing single parent families:

1. Implement group and peer counseling sessions in the school setting for children of single-parent families; ensure that children do not feel stigmatized or singled out for their participation.
2. Initiate inservice training for teachers and other school personnel to provide information on changing family patterns and to help eliminate bias and stereotypes toward single-parent families.
3. Provide counseling groups for parents and children.
4. Update school records to include information about the non-custodial parent and whether or not he/she should obtain report cards, school notices, etc.
5. Promote school functions that do not require the presence of a parent of a specified sex, or attendance during the parents' working day.

Although not all children are affected in the same way or to the same extent, the single-parent family structure does appear to affect children's school behavior and performance. A needs assessment can identify the primary difficulties facing children and parents in a particular school. Whether the resulting services are direct, indirect or preventive, the school's role can be crucial — it may be one of the few stable elements during the upheavals of changing family structures.

Resource Documents

Blagg, N. R. (1981). A behavioral approach to school refusal. *Behavior Modification in Education, Perspectives, 5*. University of Exeter, School of Education.

Hale, L. C. (1983). *Divorce and single-parent family counseling. Searchlight plus 26+*. Ann Arbor, MI: ERIC Clearinghouse on Counseling and Personnel Services. (ED 165 083)

Klungness, L., & Gredler, G. R. (1984). The diagnosis and behavioral treatment of school phobia. *Techniques: A Journal of Remedial Education and Counseling, 1* (1), 31-38.

Long, T. J., & Long, L. (1983). *Latchkey children*. Urbana, IL: ERIC Clearinghouse on Elementary and Early Childhood Education. (ED 226 836)

Riley, B. (1981). *Education and the children of one-parent families: A background paper*. Winnipeg: Manitoba Department of Education, Planning and Research Branch. (ED 222 838)

Smardo, F. A. (1981). Geographic mobility: How do we help children cope? *Childhood Education, 51*(1), 40-45. (EJ 251 401)

Note: In addition to these resource documents, a list of recommended materials is available upon request. Please direct inquiries to ERIC/CAPS User Services, 2108 School of Education, The University of Michigan, Ann Arbor, MI 48109-1259 (313/764-9492).

Mary Frenza
Assistant Director, ERIC/CAPS